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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) WOODCOCK WASHBURN LLP Cira Centre 2929 Arch Street, 12th Floor Philadelphia, PA 19104-2891 APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE 12/02/2003 TIMOTHY W. LOVENBERG JJPR-0043/ORT-1291DIV 10/727,021 5495 TITLE OF INVENTION: DNA ENCODING A HUMAN HISTAMINE RECEPTOR OF THE H3 SUBTYPE APPLN. TYPE SMALL ENTITY ISSUE FEE PREV. PAID ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DUE DATE NONPROVISIONAL NO \$1700 01/12/2007 ART UNIT EXAMINER CLASS-SUBCLASS HAMUD, FOZIA .M. 536-023100 1647 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) For printing on the patent front page, list (1) the names of up to 3 registered patent 1 Woodcock Washburn LLP ☐ Change of correspondence address (or Change of Correspondence Address form attorneys or agents OR, alternatively, PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or The Address' Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more agent) and the names of up to 2 recent) attached. Use of a Customer Number is required. registered patent attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11.. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OR COUNTRY) ORTHO-MCNEIL PHARMACEUTICAL, INC. RARITAN, NEW JERSEY Please check the appropriate assignee category indicated below (will not be printed on the patent) □ corporation or other private group entity Government 4b. Payment of Fee(s):(Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are enclosed: ■ Issue Fee ☐ A check in the amount of the fee(s) is enclosed. ■ Publication Fee The Commissioner is hereby authorized to charge the issue fee, publication fee and any deficiency or credit any overpayment of the fees associated with this communication to ■ Advance Order - # of Copies _ Deposit Account No. 23-3050. 5. Change in Entity Status (from status indicated below) ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). Authorized Signature /Felicity E. Groth/ Date **JANUARY 8, 2007** FELICITY E. GROTH Typed or printed name Registration No. 47.042

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